

**Application Data Sheet**

**APPLICATION INFORMATION**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: A METHOD FOR PROVIDING GUARANTEED  
DISTRIBUTED FAILURE NOTIFICATION

Attorney Docket Number:: 224487

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 14

Small Entity?: No

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name::  
Family Name:: Dunagan  
Name Suffix::  
City of Residence:: Bellevue  
State or Prov. of Residence:: Washington  
Country of Residence:: US  
Street of mailing address:: 3004 169<sup>th</sup> Ave. NE  
City of mailing address:: Bellevue  
State or Province of mailing address:: Washington  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98008

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Nicholas  
Middle Name:: J. A.  
Family Name:: Harvey  
Name Suffix::  
City of Residence:: Cambridge  
State or Prov. of Residence:: Massachusetts  
Country of Residence:: US  
Street of mailing address:: 60 Wadsworth St, Apt 25B  
City of mailing address:: Cambridge  
State or Province of mailing address:: Massachusetts

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02142

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: B.  
Family Name:: Jones  
Name Suffix::  
City of Residence:: Redmond  
State or Prov. of Residence:: Washington  
Country of Residence:: US  
Street of mailing address:: 21507 NE 67<sup>th</sup> St  
City of mailing address:: Redmond  
State or Province of mailing address:: Washington  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98053

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dejan  
Middle Name::  
Family Name:: Kostić  
Name Suffix::  
City of Residence:: Durham  
State or Prov. of Residence:: North Carolina  
Country of Residence:: US  
Street of mailing address:: 2317 Snowcrest Trail  
City of mailing address:: Durham

State or Province of mailing address:: North Carolina  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 27707

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Marvin  
Middle Name:: M.  
Family Name:: Theimer  
Name Suffix::  
City of Residence:: Bellevue  
State or Prov. of Residence:: Washington  
Country of Residence:: US  
Street of mailing address:: 4440 137<sup>th</sup> Ave SE  
City of mailing address:: Bellevue  
State or Province of mailing address:: Washington  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98006

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Alastair  
Middle Name::  
Family Name:: Wolman  
Name Suffix::  
City of Residence:: Seattle  
State or Prov. of Residence:: Washington  
Country of Residence:: US  
Street of mailing address:: 7321 56<sup>th</sup> Ave NE

City of mailing address:: Seattle  
State or Province of mailing address:: Washington  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98115

#### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 38887  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

#### **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 38887

Representative Designation:: Registration Number:: Representative Name::

#### **DOMESTIC PRIORITY INFORMATION**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

## **FOREIGN APPLICATION INFORMATION**

Country::                      Application Number::    Filing Date::                      Priority Claimed

## **ASSIGNEE INFORMATION**

Assignee name::                      Microsoft Corporation

Street of mailing address:: One Microsoft Way

City of mailing address::    Redmond

State or Province of  
mailing address::                      Washington

Country of mailing  
address::                      US

Postal or Zip Code of  
mailing address::                      98052